

FILING BY "EXPRESS MAIL" UNDER 37 CFR 1.10

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June 13, 2005

Date of Deposit

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE PCT NATIONAL STAGE APPLICATION OF

BAENTELI ET AL.

INTERNATIONAL APPLICATION NO: PCT/EP03/02710

FILED: 14 MARCH 2003

U.S. APPLICATION NO: 10/507,060

35 USC §371 DATE: Herewith

FOR: 2,4-DIAMINOPYRIMIDINE DERIVATIVES

MS: PCT

Commissioner for Patents

PO Box 1450

Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir:

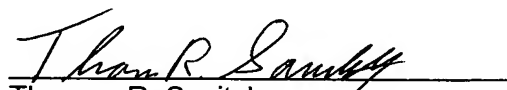
This paper is supplemental to the Information Disclosure Statement filed September 9, 2004. Since Applicants believe this paper is being filed before the mailing date of a first Office Action on the merits, no fees are believed to be required under 37 C.F.R. §1.97(b)(3). If a fee is deemed to be required, the Commissioner is hereby authorized to charge such fee to Deposit Account No. 19-0134.

In accordance with 37 C.F.R. §1.56, applicants wish to call the Examiner's attention to the references cited on the attached form(s) PTO-1449.

Copies of these references are enclosed herewith.

The Examiner is requested to consider the foregoing information in relation to this application and indicate that each reference was considered by returning a copy of the initialed PTO 1449 form(s).

Respectfully submitted,



Thomas R. Savitsky
Attorney for Applicants
Reg. No. 31,661

Novartis
Corporate Intellectual Property
One Health Plaza, Building 104
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Date: June 13, 2005

INFORMATION DISCLOSURE CITATION

(Use several sheets if necessary)

ATTY. DOCKET NO.
TX/4-32366A
APPLICATION NO.
10/507,060
APPLICANT
BAENTELI ET AL.
FILING DATE

Group

U.S. PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
	AA	5,958,935	9/28/99	Davis et al.	514	275	11/19/96
	AB	6,048,866	4/11/00	Hutchings et al.	514	272	3/13/98
	AC	6,337,335	1/8/02	Hutchings et al.	514	272	10/20/99
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						
	AL						

FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
	AM	0 945 443	2/12/03	EP			<input type="checkbox"/>	<input type="checkbox"/>
	AN	95/15952	6/15/95	WO			<input type="checkbox"/>	<input type="checkbox"/>
	AO	96/28427	9/19/96	WO			<input type="checkbox"/>	<input type="checkbox"/>
	AP	98/11094	3/19/98	WO			<input type="checkbox"/>	<input type="checkbox"/>
	AQ	98/15547	4/16/98	WO			<input type="checkbox"/>	<input type="checkbox"/>

OTHER DOCUMENTS (Including Author, Title, Date, Pertinent pages, Etc.)

	AR	
	AS	
	AT	

EXAMINER**DATE CONSIDERED**

*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.

INFORMATION DISCLOSURE CITATION

(Use several sheets if necessary)

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FOREIGN PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
	CA	98/41512	9/24/98	WO			<input type="checkbox"/>	<input type="checkbox"/>
	CB	00/27825	5/18/00	WO			<input type="checkbox"/>	<input type="checkbox"/>
	CC	00/31068	6/2/00	WO			<input type="checkbox"/>	<input type="checkbox"/>
	CD	00/33844	6/15/00	WO			<input type="checkbox"/>	<input type="checkbox"/>
	CE	00/78731	12/28/00	WO			<input type="checkbox"/>	<input type="checkbox"/>
	CF	01/25220	4/12/01	WO			<input type="checkbox"/>	<input type="checkbox"/>
	CG	01/27089	4/19/01	WO			<input type="checkbox"/>	<input type="checkbox"/>
	CH	01/29009	4/26/01	WO			<input type="checkbox"/>	<input type="checkbox"/>
	CI	01/32632	5/10/01	WO			<input type="checkbox"/>	<input type="checkbox"/>
	CJ	01/47897	7/5/01	WO			<input type="checkbox"/>	<input type="checkbox"/>
	CK	01/62233	6/7/01	WO			<input type="checkbox"/>	<input type="checkbox"/>
	CL	01/65656	9/7/01	WO			<input type="checkbox"/>	<input type="checkbox"/>
	CM	02/56888	7/25/02	WO			<input type="checkbox"/>	<input type="checkbox"/>
	CN						<input type="checkbox"/>	<input type="checkbox"/>
	CO						<input type="checkbox"/>	<input type="checkbox"/>
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	CY						<input type="checkbox"/>	<input type="checkbox"/>
	CZ						<input type="checkbox"/>	<input type="checkbox"/>

EXAMINER

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